



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

SERVICES FOR SIGNIFICANT NEEDS STUDENTS: APPLICATION FOR FUNDING

OPI USE ONLY

Application Rec'd _____

District or Cooperative Name County District No.

Project Director Name Position Address City ZIP Phone

The Board of Trustees has designated the following person responsible for keeping records for the project.

Name Position Address City ZIP Phone

The Board of Trustees has authorized _____
Name of Authorized Representative

Address City ZIP Phone

to file a Services for Significant Needs Students grant application, to make representations and to make commitments on behalf of the district.

Request for:

- | | | | |
|--------------------------|-------------|--------------------------|-------------|
| <input type="checkbox"/> | Elementary | <input type="checkbox"/> | Priority I |
| <input type="checkbox"/> | High School | <input type="checkbox"/> | Priority IA |
| <input type="checkbox"/> | K-12 | <input type="checkbox"/> | Priority II |

District size:

- | | | | |
|--------------------------|-----------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Less than 25 students | <input type="checkbox"/> | 25 - 200 students |
| <input type="checkbox"/> | 201 - 400 students | <input type="checkbox"/> | 401 - 500 students |
| <input type="checkbox"/> | 501 or more students | <input type="checkbox"/> | SPED Cooperative |

IDEA Carry-Over funds:

- | | | | | | | | |
|--------------------------|--|--------------------------|---------------|--------------------------|-----------|--------------------------|-----------|
| <input type="checkbox"/> | None | <input type="checkbox"/> | Less than 20% | <input type="checkbox"/> | 20% - 39% | <input type="checkbox"/> | 40% - 59% |
| <input type="checkbox"/> | 60% - 79% | <input type="checkbox"/> | 80 % or more | | | | |
| <input type="checkbox"/> | Application for an eligible non-IDEA student | | | | | | |

Student Disability:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | IDEA student – Significant Behavior Needs |
| <input type="checkbox"/> | IDEA student – Significant Physical Needs |
| <input type="checkbox"/> | IDEA student – Conduct Disorder |
| <input type="checkbox"/> | IDEA student – Emotionally Disturbed (ED) |

- ☐ IDEA student – All other categories
- ☐ Non-IDEA student – Severely Emotionally Disturbed (MT Mental Health)
- ☐ Non-IDEA student – Conduct Disorder
- ☐ Non-IDEA student – Juvenile Sex Offenders
- ☐ Non-IDEA student – All other categories of documented behavior issues

Per instructions in the February 10, 2014, cover memorandum, provide justification of the district's request for funding. Attach up to one additional page, if necessary, for the justification.

Priority 1A only – Name of Start-up Therapeutic Group Home: _____

Total Services for Significant Needs Students Grant Funds Requested: _____

Applications are to be postmarked by 5:00 p.m. on March 10, 2014, to be eligible for this grant cycle.

Authorizing Signatures:

Printed Name	Signature	Date
Superintendent District		
Board Chair		